

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docking Number

**10/501235**

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |                        |              |
|---|------------------------|--------------|
| TOTAL CLAIMS  | <b>13</b>              |              |
| FOR   | NUMBER FILED           | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS   | <b>13</b> minus 20 = * |              |
| INDEPENDENT CLAIMS  | <b>4</b> minus 3 = *   | <b>1</b>     |
| MULTIPLE DEPENDENT CLAIM PRESENT <span style="float: right;"><b>N</b> <input type="checkbox"/></span> |                        |              |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| XS 9=     |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

| RATE      | FEE         |
|-----------|-------------|
| BASIC FEE | <b>920</b>  |
| XS18=     |             |
| X86=      | <b>86</b>   |
| +290=     |             |
| TOTAL     | <b>1006</b> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|
| XS 9=            |                 |
| X43=             |                 |
| +145=            |                 |
| TOTAL ADDIT. FEE |                 |

| RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|
| XS18=            |                 |
| X86=             |                 |
| +290=            |                 |
| TOTAL ADDIT. FEE |                 |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|
| XS 9=            |                 |
| X43=             |                 |
| +145=            |                 |
| TOTAL ADDIT. FEE |                 |

| RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|
| XS18=            |                 |
| X86=             |                 |
| +290=            |                 |
| TOTAL ADDIT. FEE |                 |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|
| XS 9=            |                 |
| X43=             |                 |
| +145=            |                 |
| TOTAL ADDIT. FEE |                 |

| RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|
| XS18=            |                 |
| X86=             |                 |
| +290=            |                 |
| TOTAL ADDIT. FEE |                 |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.